

A quarterly newsletter for our community partners...

Research Notes

...from the Traumatic Stress Studies Group



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When Women Disclose Sexual Assault

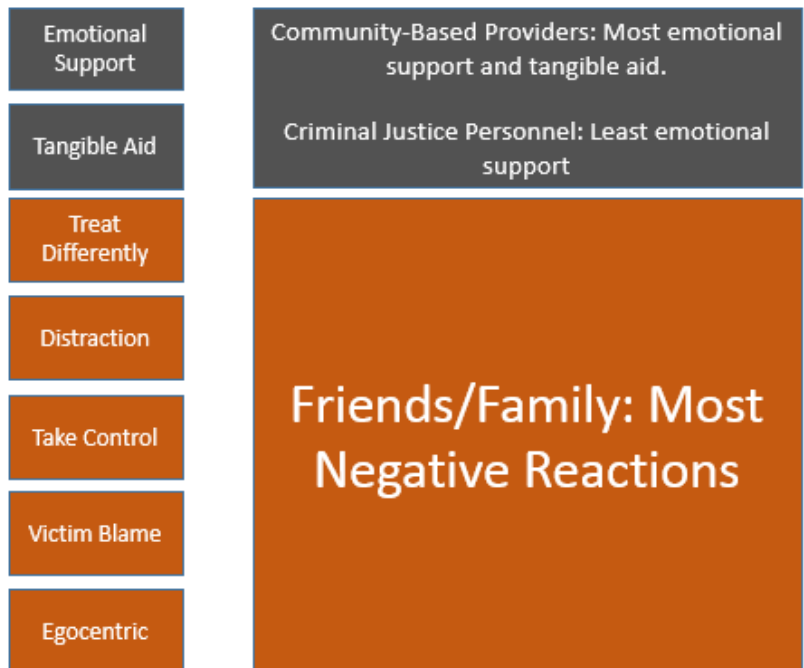
Anne P. DePrince, PhD

We are delighted to announce that the first of many publications from the Women's Health Project is now available [here](#). This first paper addressed key questions from the project about whether the kinds of reactions women get when they disclose sexual assault differ based on whether they disclose to friends and family, community-based providers, or criminal justice personnel. We looked at seven kinds of reactions. Two were positive, such as when people respond to disclosures by providing emotional support or tangible aid. Five were negative, such as when people respond by treating the survivor differently, distracting her, taking control, blaming her, or being egocentric.

There are two important take-aways from the analyses we reported in this first paper. First, women report different kinds of reactions from different people. This finding matters for thinking about multidisciplinary teams. The kinds of reactions that women get differ across criminal justice and community-based personnel working on the same team. This suggests the importance of sharing protocols and cross training to be aware of how diverse team members interact with survivors.

Second, the most negative responses women reported came from family and friends. This finding points to the importance of public education to help prepare friends and family to respond to disclosures. Given how common sexual assault unfortunately is, we must broadly prepare people to respond supportively to disclosures as most people know someone who was sexually assaulted.

Reactions?



DePrince, Dmitrieva, Gagnon, & Srinivas

Women's Outcomes Following Intimate Partner Abuse Relates to Patterns in Women's Contexts

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Betrayal Trauma Theory (Freyd, 1994, 1996, 2001) was initially proposed to account for memory impairment following abuse by someone on whom the victim depending, such as child abuse. The theory predicted that when a perpetrator of abuse is someone upon whom a victim depends for survival, the victim might be less aware of the abuse in order to maintain the necessary (albeit abusive) relationship with perpetrator.

A strong body of research supports Betrayal Trauma Theory. Much of the research on Betrayal Trauma Theory has asked survivors who the perpetrator was, and then used the closeness of that relationship to infer something about the level of dependence the victim must have had on the perpetrator. Other research has asked survivors how close they were with the perpetrator to get at dependence. For example, studies might ask participants if they were “not close” to the perpetrator, like a stranger, or “very close”, like an intimate partner (see Goldsmith, Freyd, & DePrince, 2012; Allard, 2009; Epstein & Bottoms, 2002; Freyd, DePrince, & Zurbriggen, 2001). However, characterizing dependence using the closeness of relationships does not tell us much about the factors that affect dependence, especially in adult abusive relationships. Further, these methods do not let us ask if there are differences in dependence even within relationships that seem similarly close, such as intimate partners. To advance understanding of the role of dependence among close relationships, we conducted a study to: explore differences in dependence among victims who were “very close” to the perpetrator of abuse, and examine how those differences relate to victims' outcomes. This study focused on women who had experienced intimate partner abuse who participated in the Triage Project. Given that all of the women had been in an intimate partnership with the perpetrator, that relationship was considered “very close.” Thus, we were able to examine what other factors – beyond being close to the perpetrator – were important to dependence in the victim-perpetrator relationship.

The Triage Project involved 236 women who had recently been involved in intimate partner abuse incidents reported to police in Denver. Women came to DU to be interviewed about their experiences at three time points: baseline, 6 months, and 1 year later. Based on previous dependence research, there were 13 indicators of dependence in the Women's Health Project dataset (See Figure 1).

To analyze the data, we used an approach that allowed us to ask how women cluster together based on the variables listed in Figure 1. We discovered that women clustered into three groups based on different levels of dependence on the study variables. Some women appeared to share *Low Dependence*, reflected by relatively low ratings across most measures of dependence,

Fig. 1: Dependence Characteristics Used in This Study

1. Woman's education level
2. Woman's employment status
3. Woman's income (\$/month)
4. Woman's self-rating of dependence on Perpetrator's income
5. Perpetrator's employment status
6. Perpetrator prevents woman from holding a job
7. Woman's relationship to the perpetrator (married, boyfriend, separate/divorced)
8. Number of children under 18 years living with woman
9. Whether the woman and perpetrator were cohabitating
10. Whether the woman considered IPA a betrayal
11. Quality and breadth of available social support
12. Formal providers' knowledge of IPA
13. Woman's disability status

indicating lower levels of dependence on the perpetrator of abuse. In contrast, women in the *High Dependence* cluster were high on most dependence measures, indicating greater dependence on the perpetrator. Finally, a *Medium Dependence* cluster had a mix of characteristics that seemed to involve both low and high dependence. For example, women in this class were likely to be unemployed (which might increase women's dependence on the perpetrator), but their partners were also likely to be unemployed (suggesting the perpetrator did not financially provide for the woman).

After identifying the three groups of women within the larger sample, participants' class membership was used as a predictor of outcomes thought to be associated with betrayal trauma, including dissociation symptoms, likelihood of discontinuing the relationship with the perpetrator after one year, memory impairment, and revictimization (i.e., experiencing another instance of IPA within one year). When considering dissociation, across all three time points (baseline, 6 months, 1 year), women who were in the *Low Dependence* group reported significantly lower dissociation symptoms than the other classes. The classes also differed on likelihood of discontinuing the relationship, with the *High Dependence* subgroup significantly less likely than the two other groups to have been out of the relationship with the perpetrator a year after the baseline interview. The three classes did not differ in their degree of impairment in memory for the target IPA incident or in likelihood of being revictimized (i.e., physically and sexually abused) by the original perpetrator or a different person, within 12 months of the initial interview.

This investigation has specific implications for IPA victims, as well as broader relevance to the Betrayal Trauma literature. With regard to female victims of IPA, this research helps us understand not only that they are incredibly diverse in terms of relational dependence, but also that similarities in dependence profiles may be worth considering in designing and implementing IPA interventions and supports. These findings also provide support the Betrayal Trauma Theory framework that some psychological and behavioral responses to interpersonal abuse are related to adaptive pressures within relational contexts. This is an exciting step toward enriching our understanding of the contextual factors that are relevant to outcomes of interpersonal abuse.

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Welcome!

We are excited to welcome Adi Rosenthal and Maria-Ernestina Cristl to the TSS Group this Fall. Adi and Maria-Ernestina are joining the incoming class of graduate students in clinical psychology in the Department of Psychology.